

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|---------|
| FEE DETERMINATION | <i>mg</i> | | 4/27/00 |
| O.I.P.E. CLASSIFIER | | 48 | 5/2/00 |
| FORMALITY REVIEW | | 70014 | 7/7/00 |
| RESPONSE FORMALITY REVIEW | <i>DB</i> | 71476 | 9/17/00 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy